

PART B - ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.



1. CORRESPONDENCE ADDRESS CORPORATE PATS. & TRADEMARKS, THE UPJOHN COMPANY KALAMAZOO, MI 49001	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change) INVENTOR'S NAME Street Address City, State and ZIP Code CO-INVENTOR'S NAME Street Address City, State and ZIP Code <input type="checkbox"/> Check if additional changes are on reverse side
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SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/312,401	02/17/89	013	RIZZO, N	122 09/14/89
First Named Applicant TITLE OF INVENTION	AMIN,	MAHENDRA I.	CRYSTALLINE CEPHALOSPORIN HYDROHALIDE SALTS	

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 4121FW1	514-206.000	WOS	UTILITY	NO	\$620.00	12/14/89

3. Further correspondence to be mailed to the following:	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 Martha A. Cox
	2 _____
	3 _____

G 11264 12/13/89 07312401 DO NOT USE THIS SPACE
G 11265 12/13/89 07312401 21-0718 110 142 620.00CH
 21-0718 110 501 15.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	6a. The following fees are enclosed: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____
(1) NAME OF ASSIGNEE: The Upjohn Company	6b. The following fees should be charged to: (Minimum of 10) DEPOSIT ACCOUNT NUMBER 21-0718 (Enclose Part C)
(2) ADDRESS: (City & State or Country) Kalamazoo, Michigan	<input type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies 10 <input type="checkbox"/> Any Deficiencies in Enclosed Fees (Minimum of 10)
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION Delaware	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

- A. This application is NOT assigned.
 Assignment previously submitted to the Patent and Trademark Office.
 Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(Signature of party in interest of record) *Martha A. Cox* (Date) *10-10-89*
 NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE
Commissioner of Patents and Trademarks
Washington, D.C. 20231

on _____
(Date)

(Name of person making deposit)

(Signature)

(Date)

Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawings, must have its own certificate of mailing.

This form is estimated to take 20 minutes to complete. Time will vary depending upon the needs of the individual applicant. Any comments on the amount of time you require to complete this form should be sent to the Office of Management and Organization, Patent and Trademark Office, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

PART C - CHARGE TO DEPOSIT ACCOUNT



1. CORRESPONDENCE ADDRESS

CORPORATE FATS. & TRADEMARKS,
THE UPJOHN COMPANY
KALAMAZOO, MI 49001

SERIAL NUMBER	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/312,401	02/17/89	013	RIZZO, N	122 09/14/89

First Name
App. Name AMIN, Middle Name MAHENDRA I.

Title of Invention
CRYSTALLINE CEPHALOSPORIN HYDROHALIDE SALTS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO	ATTY TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 4121FW1	514-206.000	W05	UTILITY	NO	\$620.00	12/14/89

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DEPOSIT COPY

- 2a. The following fees are enclosed:
 Issue Fee Advanced Order - # of Copies _____
 (Minimum of 10)
- 2b. The following fees should be charged to:
 DEPOSIT ACCOUNT NUMBER 21-0718
 Issue Fee Advanced Order - # of Copies 10
 (Minimum of 10)
 Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

(Date)

Martha A. Cox 10-10-89

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT